POSITION	INITIALS	ID NO.	DATE
	MF	*6614*	*12/7/55*
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		*59*	*1213*
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573 *59573*		*1-5-20* *6-13-00*

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim Final	Original	Date
	1	N
	2	✓
	3	N
	4	✓
	5	✓
	6	✓
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	10	✓✓
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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